





Attorney Docket No.: P-9056.00 Express Mail No.: EL084630286US

First Named Inventor: Kevin McIntosh et al

Title: FLUID OXYGENATOR WITH ACCESS PORT



	Fragemarks, Washington, D.C. 20231, on the	is filing date	
	, Kathleen A Parop		
	Frinted Sakhlel	ud alen) 4/24/2000
	Signature		
BOX PATENT APPLICATION Commissioner of Patents and Townshington, D.C. 20231	rademarks		/
Sir:			
We are transmitting the following	g: ,		

Sir: We are	transmitting the following:
	tent Application Transmittal
_	ecification
	tal Pages: (cover/title page 1 sheet; specification sheets; claims sheets; abstract 1 sheet)
	awings
Tot	tal Sheets: _5 (_formal; X informal)
_ Co	mbined Declaration and Power of Attorney:
_	Newly executed (unsigned)
	Copy from prior application
-	Deletion of inventor(s) signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
- -	Incorporation by reference The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.
_ , Ac	companying application parts:
	Assignment of the invention to Medtronic, Inc.
_	Information Disclosure Statement
_	Copies of IDS citations
_	Preliminary Amendment
_	A copy of the Petition or Condition Petition for Extension of Time in the prior application
$\overline{\underline{x}}$	Return postcard
IF A CC	ONTINUING APPLICATION:
-	Continuation Divisional _ Continuation-in-Part of prior application no
	Amend the specification by inserting before the first line the sentence: This application is a

IF A CO	NITINGING APPLICATION.			
_	Continuation	_ Divisional	Continuation-in-Part	
	of prior application no			•
_		-	e sentence: This application is a tion-in-Part of application number _	
_		iginal claims _ of the prior app claims must be retained for fili	lication before calculating the filing fee. (At ng purposes.)	least one
	The prior application is assi	gned of record to Medtronic, I	oc.	
<i>-</i>	The Power of Attorney in th	e prior application is to:	·	



Address all future correspondence to:

Michael J. Jaro Reg. No. 34,472 Medtronic, Inc. MS 301 7000 Central Avenue NE Minneapolis, MN 55432

Telephone: (612) 514-3279

FEE CALCULATION

	No. Of Claims Filed	Claims Included in Base Fee	No. Of Extra Claims	Rate	Fee
Total Claims	25	20 =	5	x \$18	\$ 325.00
Independent Claims	3	3 =	0	x \$78	\$ 0.00
Multiple Dependent		0 =		+ \$ 270	
Claim(s)					
Basic Filing Fee			0		\$760.00
				TOTAL	\$1085.00

Charge Deposit Account No. 13-2546 the sum of \$1,085.00 (Filing Fee) and \$ recordation fee for a total of \$1,085.00

for Assignment

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or X credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

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